

Medical Direction Committee Minutes
Richmond Marriott West
April 12, 2007
10:30 AM

Members Present:	Members Absent:	Staff:	Others:
Kimberly Mitchell, M.D.	Norman Rexrode, M.D.	Michael Berg	Keltcie Delamar
Asher Brand, M.D.	Cheryl Haas, M.D.	Tom Nevetral	Matt Dix
William Hauda, M.D.	Kenneth Palys, M.D.	Scott Winston	Holly Sturdevant
Peter Bruzzo, M.D.	Barry Knapp, M.D.	Greg Neiman	
Cheryl Lawson, M.D.	David Lander, M.D.	Amanda Davis	
Theresa Guins, M.D.	John Potter, M.D.	Tim Perkins	
James Dudley, M.D.	Drew Garvie, M.D.		
Bethany Cummings, D.O.	Janet Henderson, M.D.		
Charles Lane, M.D.	Sabina Braithwaite, M.D. (excused)		
George Lindbeck, M.D.	Ace Ernst, M.D.		
Scott Weir, M.D.	Mark Franke, MD.		
Stewart Martin, M.D.	Dave Garth, M.D.		
Allen Yee, M.D.			

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
1. WELCOME	Kim Mitchell, M.D. called the meeting to order at 10:30 A.M.	
2. INTRODUCTIONS	All of the attendees were asked to please introduce themselves.	
3. APPROVAL OF MINUTES	The minutes from the January 18, 2007 meeting were approved.	Motion by Charles Lane, M.D. to accept the minutes as recorded and seconded by Peter Bruzzo, M.D...Motion Passed
4. NEW BUSINESS		

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a. OEMS within State Government Presentation	<p>The Governor's Advisory Board (GAB) requested that the Finance, Legislative and Planning Committee develop for the GAB a program that would show the possible options for the placement of the Office of EMS. Bruce Edwards and Rob Logan developed the presentation and presented their Powerpoint overview on four alternatives for the possible placement of the Office of EMS within state government.</p> <ol style="list-style-type: none"> 1. Department of EMS under Health & Human Resources 2. Department of EMS under Secretary of Public Safety 3. Office of EMS under own autonomous department 4. Office of EMS under the Virginia Department of Health as it presently is. 	
b. OMD Signature Requirement on RSAF Grant Applications	<p>Amanda Davis, OEMS Grants Administrator wanted to clarify the signature requirement on RSAF grants. The members of the MDC were very adamant in requesting that the OMD sign each and every grant that is being submitted by their EMS agencies. It does not matter if the agency is requesting ambulances or medical equipment, the OMD wants to be able to determine that there is a need for the agencies request prior to it going to the State for grading.</p>	
c. EMS Regional Council Study Update	<p>Tim Perkins, OEMS Planner, gave a brief update on the on-going Regional EMS Council study. Mr. Perkins advised that the vendor was progressing well with the study and a copy of the statement of work is on the OEMS web page at: http://www.vdh.virginia.gov/OEMS/Files_page/Locality_Resources/Regional%20CouncilStudy.pdf</p>	
d. Endotracheal Intubation Letter from Charles Lane, M.D.	<p>Charles Lane, M.D. shared a letter that he had written where he was NOT going to allow his Enhanced providers to utilize adult intubation in Franklin County. This decision was based on recent published studies suggesting that ALS providers were having difficulty maintaining their skill competency and there were less invasive ways to manage the airway.</p> <p>Tom Nevetral advised the committee that not allowing the Enhanced providers the ability to intubate by the agency OMD was certainly appropriate but the students must still be taught adult ET and that students will continue to be tested by the State to maintain consistency across the Commonwealth.</p>	
e. MDC Feedback Request on Preceptor Expectations	<p>Several members of the MDC advised that one of the most important skills for preceptors to have would be the ability to evaluate the candidate's "critical thinking" skills. The importance of critical thinking skills has been emphasized by the MDC on several occasions for preceptors and providers at all levels.</p>	
f. NREMT EMT-Basic Test Request Form	<p>Tom Nevetral discussed a form for provider's who wish to request permission to take the NREMT EMT-Basic exam after successful completion of the Virginia EMT-Basic examinations. NREMT allows the candidate to take just the NREMT written examination when they have successfully completed a state approved practical examination within twelve months. The Word® fillable form and the directions were discussed and there were no suggestions or modifications recommended to</p>	

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	the form.	
g. Diltiazem (Cardizem) Issue	Tom Nevetral asked if there were any known issues with the requirement that Cardizem needs to be refrigerated for field use. One region stated that they removed it from the protocols and drug boxes. An agency reported that they found a substitute and it was determined that this was not an issue.	
h. Inconsistencies in Regional Treatment Modalities	Based on the MDC recent letter where it was stated that a region could not utilize IM injections by the EMT-Basic it has now been made apparent that some regions may be utilizing some procedures that have not been approved on the <i>Medication and Procedures Schedules</i> . It was determined that EMS Regional Councils should address these concerns with those agencies who are not following the <i>Medication and Procedures Schedules</i> . Some of the issues could be corrected by addressing them as a training issue and educating the OMDs who are in question.	
3. OLD BUSINESS		
a. AHA/VDH Stroke Systems Plan Update	<p>Keltcie Delamar updated the committee by announcing that the Virginia General Assembly has recognized a list of Primary Stroke Centers in Virginia. Ms. Delamar also announced that Sabina Braithwaite, M.D. was working on data for stroke care in Virginia.</p> <p>Tom Nevetral announced that the stroke training program was being completed and it incorporates a two – three hour continuing education format consisting of a DVD that demonstrates a stroke assessment, instructor’s lesson objectives and outline based on the DOT National Standard Curriculum-Paramedic, Powerpoint outline with instructor notes, MENDS, Cincinnati Stroke (FAST) scales, and Course Approval Request form for the program. These training materials will be placed on a DVD and made available to all EMT-Instructors and ALS-Coordinationators for their utilization.</p>	
b. State Operational Medical Director Job Description	<p>The final draft of the <i>State Operational Medical Director Job Description</i> was presented for final comment and suggested modifications.</p> <p>Scott Winston advised that the position will be a 1,500 hour position averaging about 20 – 30 hours per week. The Employee Work Profile (EWP) will be formulated from the document and then a Contract of Work will be produced for the position.</p>	George Lindbeck, M.D. made a motion to accept the document and the motion was seconded by Stewart Martin, M.D... Motion passed.
c. National Scope of Practice Certification Levels Impact on Virginia EMS System	<p>George Lindbeck, M.D. advised that the sub-committee of himself, Peter Bruzzo, M.D., and Captain George Brown from Fairfax will be setting a meeting date soon. George advised that staff will be putting together a survey that will go out to all EMS Providers, Instructors, and Coordinators for their input into providing guidance into the direction that the sub-committee should pursue.</p> <p>MDC Members should provide the questions that they would like to see on the survey to Tom Nevetral, Thomas.Nevetral@vdh.virginia.gov by June 1.</p>	

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6. ALS Training Funds & Accreditation Update	Chad Blosser presented three overlays that depicted the Intermediate '99 accredited sites within a 30 mile radii, Paramedic accredited sites within a 30 mile radii and then a slide that demonstrates the coverage across the Commonwealth for both programs that demonstrated that approximately 92% of the Commonwealth was within thirty miles of an accredited Intermediate or Paramedic training program.	
7. Curriculum Review		
a. ALS	The ALS Intermediate Curriculum Peer Review Committee conducted a webinar on March 2, 2007 to finalize their recommendations on Intermediate curriculum modifications that will come before the Medical Direction Committee for approval.	
b. BLS	No report	
2007 Meeting Dates	<ul style="list-style-type: none"> o July 12, 2007 o October 18, 2007 (moved from October 11 to accommodate national meeting conflict) 	
16. PUBLIC COMMENT	None	
17. GOOD OF THE ORDER	<p>Bethany Cummings, D.O. requested that the Medical Direction Committee review and endorse the <i>Medical Emergency Response Plan (MERP)</i>. The document will be sent to the MDC via e-mail for comments.</p> <p>Bethany Cummings, D.O. requested to send out the <i>Medical Response to Terrorism</i> web-based module/course she has been involved in with NAEMSP for comment and review to the Medical Direction Committee. Dr. Cummings would like to offer this to MDC EMS Physicians here in Virginia.</p> <p>Michael Berg advised that OMDs can suspend a provider based on a grievous act. Grievous acts are as follows:</p> <ol style="list-style-type: none"> 1. murder for hire 2. child pornography 3. indecent liberties with a child 4. embezzlement 5. multiple arsons 6. conspiracy to commit murder 7. felony theft 8. others as appropriate <p>A general question was asked, "Should research projects be funded by RSAF? The answer was "no". Research projects are not an item that is approved for the RSAF program.</p> <p>Scott Weir, M.D. brought up a project that Fairfax is looking into called "Fatal/Non-fatal Smoke</p>	

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	<p>Inhalation Project.” Dr. Weir inquired if any other physicians were involved in it. Allen Yee, M.D. stated that Chesterfield was looking into the program and it was stated that the Poison Control Centers were also getting involved in it.</p> <p>STEMI (ST segment Elevation Myocardial Infarction) Program is being chaired by James Dudley, M.D. and anyone who may be interested in the program should contact him.</p>	
18. ADJOURNMENT	NEXT MEETING July 12, 2007 10:30 A.M. Richmond Marriott West	